MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-2)

07975

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles Point
City or town: Maryland Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? His life time
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Maryland Point.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Samuel Bastaini

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Elizabeth Bastaini
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 11 1871

8. AGE:

Years	Months	Days	If less than one day
74	10	10	hrs. min.

9. Birthplace: Charles Co. Maryland.
(Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business:
FATHER 12. Name: Lorenzo Bastaini.
13. Birthplace: Charles Co. Md.
MOTHER 14. Maiden name: Mudd.
15. Birthplace: Charles Co. Md.
16. Informant: Otis Carpenter
Address: Maryland Point, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 23 46 (month) (day) (year)
Cemetery or crematory: Old Durham.
Location: Ironsides, Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf Md.
19. Aug. 27 19 46 (Date rec'd by registrar) Mary Smith Luckett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 21, 1946, at 1 45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Aug 21 1946 and that I last saw h alive on Aug 21 1946

Immediate cause of death	DURATION
Chr. Cardio-renal disease	
Due to: Chr. Prostatism	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bickell M.D.
M. D. or other
Address: Marlboro Md Date signed Aug 21, 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

07976

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Benedict
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1½ year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Benedict Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war 9

3.(a) FULL NAME William Hamilton Bond

3.(b) Social Security Number 9

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	

6.(b) Name of husband or wife Margaret N. Bond
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/5/1880

8. AGE: Years 66 | Months 6 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation Railroad worker

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden name Alice Bond
15. Birthplace St. Marys Co. Maryland

16. Informant Charles E. Hyatt
Address Benedict Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-21-46 (month) (day) (year)
Cemetery or crematory St Mary's
Location Bryantown Md

18. Funeral director Elmer M Queen
Address Hughesville Md

19. 8-20 1946 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19th 1946, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1946 to August 19 1946
and that I last saw him alive on August 19 1946

Immediate cause of death	DURATION
Syphilis, cerebrospinal	5 years
Due to	
Due to	
Other conditions Gumma of left Lung	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis L. Garis M.D.
M. D. or other
Address Hughesville, Md Date signed 8-19-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37-Cy

07977

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: LaPlata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mt. Victoria

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Frances Rebecca Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1945

8. AGE:

Years	Months	Days	If less than one day
	9	9	..... hrs. ..... min.

9. Birthplace: Mt. Victoria, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER — 12. Name: Frederick Brown

FATHER — 13. Birthplace: Charles Cy, Md

MOTHER — 14. Maiden name: Louise Rebecca Hemsley

MOTHER — 15. Birthplace: Charles Co., Md.

16. Informant: Frederick Brown

Address: Mt. Victoria, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-20-46 (month) (day) (year)

Cemetery or crematory: Catholic Cemetery

Location: Dame, Md

19. Funeral director: Fred. Brown (Father)

Address: Mt. Victoria, Md.

19. 8-20-46 (Date rec'd by registrar) 19 ..... Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19, 1946 at 11:50 P.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 16 1946 to Aug. 19, 1946

and that I last saw h.. alive on Aug. 19, 1946

Immediate cause of death	DURATION
Acute infectious encephalitis	4 days
Due to (type undetermined, apparently equine)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? X (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Jno. L. MacKavanagh, M.D. M. D. or other

Address: LaPlata, Md. Date signed 8-20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

07978

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 hrs.

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 25 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD. County: Pr. Geo.

City or town: Accokeek

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Joseph Walter Donaldson

3.(b) Social Security Number:

4. Sex	5. Color or race	7.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 13, 1945

8. AGE: Years: 1 | Months: 2 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER — 12. Name: Leonard F. Donaldson

13. Birthplace: Washington, D.C.

MOTHER — 14. Maiden name: Gladys K. Jenkins

15. Birthplace: Washington, D.C.

16. Informant: Leonard F. Donaldson

Address: Clinton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/31/46 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: W W & Chambers Co.

Address: 517-11th. St. SE.

19. 8-28 (Date rec'd by registrar) 19 46 Julia H. Peavey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28 19 46 at 5 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 28 19 46

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Fulminating septicemia	12 hrs.
Due to: Accidental burns	24 hrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 8-27-46

Where did injury occur? Accokeek (City or town) Pr. Geo. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Fell into fire Injured at work? No

Dep. Med. Examiner

23. SIGNATURE: Jas. L. MacKaye M.D. M. D. or other

Address: La Plata, Md. Date signed 8-28-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

07979

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Marshall Hall.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Philip Thomas Ellery.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Ada Wolf Ellery
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 18 1860

8. AGE:

Years	Months	Days	If less than one day
86			hrs. ..... min.

9. Birthplace: Grantsville Maryland (Town, county, and state)
10. Usual occupation: Railroad man.
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace

16. Informant: Editte C. Kinney
Address: Bryans Road Md

17. Burial Removal (Burial, cremation, or removal. Which?) Date thereof Aug 19 1946 (month) (day) (year)
Cemetery or crematory: South Side
Location: Pittsburgh, Pa

18. Funeral director: Chambers
Address: Washington D C.

19. aug 18 1946 (Date rec'd by registrar) Mary Smithurst Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 18 1946 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 43 to Aug 18 1946 and that I last saw h[illegible] alive on Aug 17 1946

Immediate cause of death	DURATION
Gastro-Intestinal Carcinoma	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Bickell MD M. D. or other
Address: Waldorf Md Date signed Aug 18 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-a

CERTIFICATE OF DEATH

07980

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo.

Hospital, institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or institution? 3 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Chas.

City or town La Plata Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert L. Garner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	W.

B.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 18-1868

8. AGE: Years 78 | Months 6 | Days 5 | If less than one day ..... hrs. ..... min.

9. Birthplace Pomfret Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Robert M. Garner

13. Birthplace Pomfret Md.

MOTHER 14. Maiden name Elizabeth Stewart

15. Birthplace Chas. Co.

16. Informant Samuel Garner.

Address Indian Head Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 26-1946 (month) (day) (year)

Cemetery or crematory Sacred Heart La Plata

Location La Plata Md.

18. Funeral director Hunt and Ryan

Address Waldorf Md.

19. 8-25-1946 (Date rec'd by registrar) Julia H. Parry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1946, at 5.55 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-11 1941, to 8-23 1946

and that I last saw h. 1 alive on 8-23-46 19.....

Immediate cause of death Cerebral Hemorrhage

" "

Due to Arteriosclerosis and Nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION
8-22-46
4-10-46
3-12-45

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address La Plata Md Date signed 8-24-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

07981

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Pomfretville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ann Theresa Green

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 10, 1946

8. AGE: Years | Months | Days: 16 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Pomfretville Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: James Alonzius Green
13. Birthplace: Charles County Md.

MOTHER
14. Maiden name: Hattie Theresa Clarke
15. Birthplace: Charles Co., Md.

16. Informant: James Green
Address: Pomfretville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-28-46 (month) (day) (year)
Cemetery or crematory: Holy Ghost
Location: Issue, Md.

18. Funeral director: James Green
Address: Pomfretville, Md

19. 8-27 1946 (Date rec'd by registrar) Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 26, 1946, at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10, 1946 to Aug. 26, 1946 and that I last saw h.e.r alive on Aug. 26, 1946

Immediate cause of death	DURATION
Prematurity (7 mos. gestation)	
Due to	
Due to Unknown — no prenatal care	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Jno. F. MacKenzie M.D.
M. D. or other
Address: La Plata, Md. Date signed 8-27-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83(a)

07982

CERTIFICATE OF DEATH

★ Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Riverside
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Riverside
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Agnes Lelia Marbury.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6.(b) Name of husband or wife: Robert Marbury
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 17 1858

8. AGE: Years: 87 | Months: 10 | Days: 24 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Nanjemoy - Chas Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Chas. A. Millar
13. Birthplace: Nanjemoy, Md.

MOTHER
14. Maiden name: Ophily C. Nalley
15. Birthplace: Charles Co. Md.

16. Informant: Mrs. Saml Finton
Address: Grayton Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Aug 12 46 (month) (day) (year)
Cemetery or crematory: Old Durham
Location: Riverside

18. Funeral director: Hunt & Ryon
Address: Waldorf Md.

19. aug. 11 1946 (Date rec'd by registrar) Mary Swetnam Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 10 1946 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1946 to Aug 10 1946 and that I last saw h[illegible] alive on Aug 9 1946

Immediate cause of death	DURATION
Apoplexy (Cerebral)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. O. Bickell M.D.
M. D. or other
Address: Marbury Date signed: Aug 11 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64-C)

07983

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James Francis Matthews

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 28, 1903

8. AGE: Years: 42 | Months: 8 | Days: 22 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Charles County, Md. (Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business

FATHER — 12. Name: Francis Drake Matthews

13. Birthplace: Charles County, Md.

MOTHER — 14. Maiden name: Ann Casine Jones

15. Birthplace: Calvert County, Md.

16. Informant: Miss Mariana Matthews

Address: La Plata, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 8-23-46 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Bel Alton, Md

18. Funeral director: Hewett & Ryon

Address: Waldorf Md.

19. 8-22 19 46 (Date rec'd by registrar) Julia H. Peaey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20, 1946 at 8:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Aug. 20, 1946, to — 19—

and that I saw h~~im~~ ~~alive~~ on Aug. 20, 1946

Immediate cause of death	DURATION
Gunshot wound of brain	Minutes
Due to: Suicide	Minutes
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 8-20-46

Where did injury occur? La Plata (City or town), Charles (County), Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: Revolver Injured at work? No

Deputy Medical Examin

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 8-20-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

07984 106
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Frances E. Mattingly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Sarah Mattingly
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 6 1864

8. AGE:

Years	Months	Days	If less than one day
82	2	25	..... hrs. ..... min.

9. Birthplace: Port Tobacco, Chas Co. Md
(Town, county, and state)
10. Usual occupation: Merchant Retired
11. Industry or business

FATHER
12. Name: Jos. H. Mattingly
13. Birthplace: St. Marys Co. Md.

MOTHER
14. Maiden name: Mary C. Madden
15. Birthplace: Charles Co. Md.

16. Informant: Jos Mattingly
Address: Indian Head Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 2 46 (month) (day) (year)
Cemetery or crematory: St. Charles
Location: Clymont, Md.
18. Funeral director: Hunter Ryon
Address: Waldorf, Md.

19. 9/2 1946 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1946 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Aug 31 1946
and that I last saw h... alive on Aug 31 1946

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to: Cardio-renal disease.	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D.
M. D. or other
Address: Marbury Md. Date signed Sept 1 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

07985

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:
County: Charles
City or town: Pomphinsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Pomphinsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Edward Miles

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Mn.	W.	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 18 - 1883

8. AGE: Years	Months	Days	If less than one day
62		10	hrs. ... min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: Patrolman

11. Industry or business

FATHER
12. Name: James A. Miles
13. Birthplace: Washington D. C.

MOTHER
14. Maiden name: Adeline Evans
15. Birthplace: Washington D. C.

16. Informant: David M. Miles
Address: Pomphinsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-31-1946 (month) (day) (year)
Cemetery or crematory: Congressional Cemetery
Location: Washington D. C.

18. Funeral director: Millard F. Malloy
Address: 5 Eighth S. E. D. C.

19. 8-28-1946 (Date rec'd by registrar) William J. Fréo Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-28-1946, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16, 1946 to 8-28-1946 and that I last saw h.. alive on 8-27-1946

Immediate cause of death	DURATION
Acute Heart	
Due to: Mitral Insufficiency	6 mos.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: T. L. Brydon, M. D. or other
Address: Waynesboro, Md. Date signed 8-28-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

07986 165

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Charles

City or town: Ironsides.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: R. Ironsides.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Alexander Murphy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Divorced.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1910

8. AGE: Years	Months	Days	If less than one day
36	0	3	hrs. min.

9. Birthplace: Nanjemoy Md (Town, county, and state)

10. Usual occupation: Laborer (Underfactory)

11. Industry or business

FATHER 12. Name: William R. Murphy.

FATHER 13. Birthplace: Charles Co. Md.

MOTHER 14. Maiden name: Carrie V. Dodd

MOTHER 15. Birthplace: Charles Co. Md.

16. Informant: Mrs. Carrie Murphy

Address: Ironsides Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 10 1946 (month) (day) (year)

Cemetery or crematory: Durham

Location: Ironsides, Md

18. Funeral director: Hunt & Ryon,

Address: Waldorf, Md.

19. Aug 9 1946 (Date received by registrar) M. L. Moore (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 8 1946, at 1 55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1946, to Aug 1946

and that I last saw h... alive on Aug 7 1946

Immediate cause of death	DURATION
Pulmonary Tuberculosis	18 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell M.D.

M. D. or other

Address: Marlboro Md Date signed: Aug 8 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

★ 07987

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Benedict
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
Benedict, Md.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Benedict
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Vincent Owens

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of ~~husband or~~ wife: Jenny Owens
~~Or~~ 6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): October 28, 1892

8. AGE:

Years	Months	Days	If less than one day
53	9	19	____ hrs. ____ min.

8. Birthplace: Benedict - Charles - Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: William Owens
13. Birthplace: Virginia
MOTHER 14. Maiden name: Mary Craig
15. Birthplace: Washington, D.C.
18. Informant: Jenny Owens
Address: Benedict, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-19-1946 (month) (day) (year)
Cemetery or crematory: St. Mary's - Bryantown, Md.
Location
18. Funeral director: Elmer M. Swade
Address: Hughesville, Md.
19. 8-18 1946 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 16th 19 46, at 2 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8 19 46, to August 16 19 46
and that I last saw him alive on August 8 19 46

Immediate cause of death	DURATION
aortic insufficiency and myocarditis	3 years
Due to arteriosclerotic cardio-vascular disease.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Louis le Garen M.D.
M. D. or other
Address: Hughesville, Md. Date signed 8-16-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

07988

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:
County: Charles
City or town: Rock Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Rock Point
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary E. Price

3. (b) Social Security Number

4. Sex: F
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Luther A. Price
6.(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): July 7 — 1877
8. AGE: Years 69 | Months 1 | Days 25 | If less than one day ... hrs. ... min.
9. Birthplace: Bel Altesa (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
12. Name of father: Wyatt Jackson
13. Birthplace of father: Charles Co
14. Maiden name of mother: Mary Simmons
15. Birthplace of mother: Charles Co
16. Informant: Luther A. Price
Address: Rock Point
17. (Burial, cremation, or removal. Which?) Burial Date thereof 9-4-46 (month) (day) (year)
Cemetery or crematory: Holy Ghost
Location: Asbury Md.
18. Funeral director: Hamilton Hyson
Address: Waldorf
19. 9-2-1946 (Date rec'd by registrar) Wilson J. Frale (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-1946, at 7:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 — 1946, to 9-1- 1946 and that I last saw h... alive on 9-1- 1946

Immediate cause of death	DURATION
Myocardial Incompetency	2 months
Due to	
Rheumatism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. R. Hyson M. D. or other
Address Waldorf Date signed 9-5-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 07989

Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, Institution, or street address where death occurred:

Physician Memorial Hospital

How long in hospital or Institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Cobb Island

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Charles Lee Shymansky

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 16, 1946

8. AGE: Years — | Months 4 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER — 12. Name: Andrew Shymansky

13. Birthplace: Chas Co., Md.

MOTHER — 14. Maiden name: Margaret Spaulding

15. Birthplace: Drayden, Md.

16. Informant: Andrew Shymansky

Address: Cobb Island, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/22/46 (month) (day) (year)

Cemetery or crematory: Holy Ghost Cemetery

Location: Issue

18. Funeral director: Chas. McPherson

Address: Hughesville Md

19. 8-21-46 (Date rec'd by registrar) 19.....

Julia H. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20, 1946, at 8:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 12 1946, to Aug. 20, 1946 and that I last saw him alive on Aug. 20, 1946

Immediate cause of death	DURATION
Acute cardiac dilatation	minutes
Due to: Infectious diarrhea	8 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James F. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 8-20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (43a)

CERTIFICATE OF DEATH

07990

Reg. Diat. No. 101

1. PLACE OF DEATH:
County Charles
City or town Pisgah
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Pisgah
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Robert M. Welch.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife Bessie Welch
6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 16 1872

8. AGE: Years	Months	Days	If less than one day
74	3	15	hrs. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)
10. Usual occupation Powder factory attendant (Retired)
11. Industry or business

FATHER	12. Name	Jas Welch
	13. Birthplace	Charles Co. Md
MOTHER	14. Maiden name	Mary E. Davis
	15. Birthplace	St. Marys Co. Md

16. Informant Ella E. Bowie
Address Pisgah Md
17. Burial (Burial, cremation, or removal (which?)) Date thereof Sept 2 1946 (month) (day) (year)
Cemetery or crematory Nazarene
Location Pisgah Md.
18. Funeral director Hunt & Ryon.
Address Waldorf Md.
19. Sept. 1 1946 (Date rec'd by registrar) Mary Sweitzelund Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1946 at 2.30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1906 to Aug 31 1946
and that I last saw him alive on Aug 31 1946

	DURATION
Immediate cause of death Cerebral Thrombosis	
Due to Carcinoma of Liver	
Due to With Metastasis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bickell M.D.
M. D. or Other
Address Marbury Md Date signed 8 Sept 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15